

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** September 11, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Bernard McKie			
<b>Address:</b> 979 Koon Road Irmo, SC 29063			
<b>Email:</b> Dollmckie@aol.com			
<b>Telephone number:</b> (803)422-2851			
<b>Date of facility visit:</b> August 17-18, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> AlstonWilkes Society North Charleston Residential Reentry Center			
<b>Facility physical address:</b> 3290 Meeting Street Road North Charleston, SC 29405			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (843)744-4917			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Ben Rager			
<b>Number of staff assigned to the facility in the last 12 months:</b> 5			
<b>Designed facility capacity:</b> 50			
<b>Current population of facility:</b> 38			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 18-74			
<b>Name of PREA Compliance Manager:</b> Jacorie Slater		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> JSlater@aws1962.org		<b>Telephone number:</b> (803)799-2490 Ext.315	
<b>Agency Information</b>			
<b>Name of agency:</b> Alston Wilkes Society			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 3519 Medical Drive Columbia SC 29203			
<b>Mailing address:</b> <i>(if different from above)</i> Same			
<b>Telephone number:</b> Same (803) 799-2490			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> S. Anne Walker		<b>Title:</b> Executive Director	
<b>Email address:</b> AnneWalker@AWS1962.org		<b>Telephone number:</b> Same(803) 799-2490	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jacorie Slater		<b>Title:</b> Agency Wide PREA Coordinator	
<b>Email address:</b> JSlater@AWS1962.org		<b>Telephone number:</b> (803) 799-2490 Ext. 315	

## AUDIT FINDINGS

### NARRATIVE

The notification of the onsite auditor's visit was posted on July 14, 2017 5 weeks prior to the first date of the onsite audit. The posting of the notices was verified by photographs received electronically from the facility's PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing unit, entry and administrative areas.

The Pre-Audit Questionnaire, policies and other supporting documentation were received on August 2, 2017. The documents, which were uploaded to a USB flash drive, were well organized and easy to navigate. The initial review revealed the need for corrective action in regard to some policies and procedures not sufficiently addressing standards and documentation for some standards was not provided. After providing written concerns to the PREA Coordinator, steps were taken to address each concern and required documentation was provided.

The onsite audit was conducted August 17-18, 2017 by Certified PREA Auditor, Bernard McKie. After meeting with the facility's management staff, a complete tour of the facility was conducted including the recreation and eating area. During the tour, residents were observed under supervision of the staff while involved in various activities. The facility was clean and well maintained. One blind spot was observed and the surveillance system does not capture residents in showers or in their rooms. A system sounds an alarm when outer doors are opened. Also, staff, contractors and volunteers announce prior to entering the housing area to alert the residents of the opposite gender.

PREA posters and the notice announcing the PREA Auditor's onsite visit were observed throughout the facility. The victims' advocacy service hotline was called to verify the line was functional and to inquire as to the scope of services provided when residents call the hotline. Outside agencies including People Against Rape Crisis Center, Medical University of South Carolina (MUSC), North Charleston Police Department, Federal Bureau of Prisons and South Carolina Law Enforcement Division were contacted by telephone to verify their responsibilities toward the facility's compliance with the PREA standards.

During the onsite visit, 10 specialized staff and 6 random staff interviews were conducted. Random staff interviews included staff assigned to all three shifts. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities toward preventing, detecting, reporting and responding to sexual abuse and sexual harassment. Nine residents were also interviewed and found to be well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services provided by the victims' advocacy services. Residents were also questioned about outside medical/mental health services since services are not provided at the facility.

Resident files, staff training records and other PREA related documentation were reviewed by Auditor. There were no PREA related reports of sexual harassment or sexual abuse the past 12 months at the facility. The facility is accredited by the American Correctional Association (ACA) having received its most recent accreditation in August, 2017. The facility houses Federal Bureau of Prisons (BOP), male and female adult residents only. The agency maintains a contractual agreement with the BOP and is monitored by them on a regular basis. The facility operations were observed during day and night shifts. An exit interview was conducted at the end of the audit. Staff present were Auditor, Facility Director, PREA Coordinator, HR Director for Alston Wilkes. The only corrective action required was on the installation of a camera in the recreation/workout area to rectify a blind spot. Both the Auditor and the agency agreed upon corrective actions to be completed within two (2) weeks. The camera was installed on August 29, 2017, and verified by the Auditor.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Alston Wilkes Society was founded in 1962 as the South Carolina Therapeutic Association by the Reverend Eli Alston Wilkes. The original mission was to provide rehabilitative services to adults released from correctional facilities in South Carolina. Over the years, The Alston Wilkes Society expanded its focus to include emotionally disadvantaged youth, the homeless, offenders, homeless veterans and their families. The agency's mission is "rebuilding lives for a safer community"; the vision statement is "to provide offenders, former offenders, the homeless, at risk youth, Veterans and their families the tools they need to become productive citizens; and the value statement is "our primary responsibility is to those we serve. The success of the Alston Wilkes Society is measured by how we meet our responsibilities to clients, volunteers, investors, other agencies and each other. We operate in the spirit of doing unto others as we would have them do unto us".

The Alston Wilkes Society North Charleston Residential Reentry Center is a single story facility located near a residential/business area at 3290 Meeting Street Road, North Charleston, SC. It is a branch of the Alston Wilkes Society, which is a private, not for profit community based organization. This particular facility houses adults over 18 years of age, male and female residents transferred from the BOP in accordance with a reentry contract agreement between the two agencies. The facility has two dorm style rooms with a separate closed area for male and female residents in addition to three common use areas utilized for meals, programs, recreation and visitation. The facility houses 50 residents at capacity. During the past twelve months, 136 residents were housed at the facility with an average length of stay of 3 months. The facility has a total of 18 staff assigned with at least two staff members, one male, one female on watch duty 24 hours, daily.

## **SUMMARY OF AUDIT FINDINGS**

The Auditor was onsite for two days, August 17-18, 2017. The August 17 visit was a night visit to interview staff and residents and to observe night operations at the facility. The August 18 visit was a full day audit. A follow up visit was conducted to verify installation/operation of the requested camera to cover a blind spot. During the past 12 months, there were no reported PREA allegations. The corrective action of the camera installation was completed. North Charleston Residential Reentry (NCRR) was found to be in compliance with 37 applicable PREA standards.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy 3.4 states the facility mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. The agency has one upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The facility being audited has one PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards. Based on the interview with both PREA Coordinator, he has the knowledge, background, authority and time to perform their duties. The PREA Coordinator is on the agency and facility organizational charts. Based on a review of policy, procedure and practice, the agency and facility are in compliance with this PREA standard.

**Standard 115.212 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The standard is not applicable to NCRR based on the following evidence: NCRR policy states the facility does not contract with other entities for confinement of residents.

**Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy H1303 F-1 governs this section. During the onsite visit, a blind spot was identified in the resident's weight room. Since the onsite visit, a camera was installed to correct this deficiency. The auditor made a second visit to verify installation. Now the facility has the ability to observe all areas for security purposes.

The facility's staffing plan is based upon the facility's rated capacity of 50 residents. The plan consists of assigning one male and one female staff to each shift, especially during evening hours. Case Managers augment this scheduling by working alternate schedules to ensure coverage. Facility policy requires checking living areas at least hourly at night. To ensure checks, male staff check male areas and female staff check female areas. The agency and facility staffing plan takes the following into consideration:

1. The physical layout of each facility.
2. The composition of the resident population.
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
4. Any other relevant facts.

In circumstance where the staffing plan is not complied with, the facility documents and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the facility assesses, determines and documents whether adjustments are needed to:

1. The staffing plan established pursuant to the standard.
2. Prevailing staff patterns.
3. The facility's deployment of video monitoring and other monitoring technologies.
4. The resources the facility has available to commit to ensure adequate staffing levels.

There were no deviations to the staffing plan during the past 12 months. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.215 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy H1402 D-3 states the facility has a rated capacity of 50 residents and does not conduct cross gender strip searches or cross gender visual cavity searches. Staff interviewed were familiar with the policy and stated they did not perform cross gender searches. This was also verified by residents of the facility. Showers are taken by residents one at a time and doors are on showers entrance. Staff of the opposite gender announce their presence when entering living areas. This was witnessed by Auditor during tour and verified with staff and resident interviews. Staff training records/interviews verify staff receiving training on cross gender pat searches and searches on transgender and intersex residents.

The facility policy also states staff are prohibited from physically searching or examining a transgender and intersex resident for the sole purpose of determining the residents genital status. Random staff interviews helped to verify this standard,

The agency is in compliance with the PREA standard.

#### **Standard 115.216 Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy H1301-1 states the facility has a verified contract with an outside organization called, Palmetto Interpreters to service any and all residents who are limited English proficient. Random staff interviews verified the standard is practiced at the facility. The facility that residents are housed is accessible for residents with disabilities. The agency does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety. The agency and facility are in compliance with PREA standard.

### **Standard 115.217 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy 4.3-E procedures and practice along with an interview with the Director of Human Resources, confirm the agency does not hire or promote anyone who may have contact with residents and does not enlist the services of any contractor who may have contact with residents, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described.

The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The agency performs a criminal background records check in coordination with the Federal Bureau of Prisons before enlisting the services of any contractor who may have contact with residents. A process is in place for criminal background checks at least every five years for current staff and contractors who may have contact with residents.

The agency policy also states material omission regarding such misconduct or the provision of materially false information, shall be grounds for termination.

The agency and facility are in compliance with this PREA standard.

### **Standard 115.218 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

NCRR policy H701 L governs this section. The facility installed a camera in the resident's weight room after the Auditor discovered a blindspot. The agency considers technology an asset to enhance the agency's ability to protect residents against sexual abuse and sexual harassment. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.221 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy H809 H15 states, procedures and practice along with the Facility Director and random staff interviews verified the extent to which the agency is responsible for investigating allegations of sexual abuse. The agency follows a uniform evidence protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency does not conduct criminal investigations. The agency only performs administrative investigations involving any staff on resident sexual misconduct. Any investigations will require consultation with the Federal Bureau of Prisons per agreed upon contract. The Federal Bureau of Prisons has ultimate authority over all of the residents at the facility.

The agency offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medical appropriate in accordance with the standard. Such examinations shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible. The Medical University of South Carolina located in Charleston, South Carolina, signed a memorandum of agreement with the agency concerning emergency medical services including forensic examinations. The agency also has a Memorandum of Agreement (MOA) with the local rape crisis center called People Against Rape. A victim's advocate is available from center who accompanies the resident and supports the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The agency and facility are in compliance with the PREA standard.

#### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy 3.4 C states the facility ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that ensures allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency publishes the policy on its website as verified by the Auditor. An interview with the Facility Director verified the agency documents all referrals for investigations. There were no referrals for the investigation of sexual abuse or sexual harassment during the past

12 months. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.231 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy 3.4 states facility staff should receive training on PREA. Training curriculum, staff training records and staff interviews revealed staff received PREA training during initial training and annually during refreshers training. All staff received training to maintain consistency. PREA training is geared to cover male and female inmates. Staff, contractors and volunteers receive the same PREA training module. A review of staff training rosters and staff interviews revealed rosters are signed verifying comprehension of PREA training. The agency and facility are in compliance with the PREA standard.

#### **Standard 115.232 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy 4.27 G requires volunteers and contractors who have contact with inmates to receive PREA training. Training is provided by facility staff trainers. Signed training rosters and interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and sexual harassment. Volunteers and contractors sign documentation acknowledging that they understand the training received. They receive the same training as staff and are sometimes in the same training class. The agency created a volunteer handbook and a PREA related educational training brochure that are user friendly. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.233 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy H1202 B-18 states Case Managers provide each residents with one-on-one individualized orientation during the intake process within 24 to 48 hours of arrival. Auditor interviewed the Case Manager who conducts the intake process. Residents acknowledge receiving PREA information during orientation process by signing a form. PREA education is provided through video or in person. Resident signatures acknowledging orientation were reviewed by the Auditor. The individualized approach is accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled as well as residents who have limited reading skills. Most residents interviewed stated they received PREA information while assigned to the BOP. The agency and facility are in compliance with the PREA standard.

#### **Standard 115.234 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy 4.13-1 states the agency does not conduct criminal investigations or administrative investigation involving residents. The Director of Human Resources does conduct administrative investigations concerning agency staff sexual misconduct however she had not competed specialize training as required. Since the onsite visit, she has successfully completed the National Institute of Corrections' online specialize training for investigators. The certificate of completion for the training was verified by the Auditor.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The Federal Bureau of Prisons has investigators who have received the specialized training in accordance with the PREA standard and the agency coordinates all investigations with them.

The agency and facility are in compliance with the PREA standard.

#### **Standard 115.235 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR policy H809 15 states the agency does not employ any medical or mental health staff. The agency has a written agreement with the Medical University of South Carolina and People against Rape located in Charleston, South Carolina, for emergency medical care as well as

forensic examination services. The Federal Bureau of Prisons also has a separate contractual agreement for mental health care which is available to all of the facility's residents. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.241 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR policy H1202 F states and based on interviews with the facility's intake staff and random residents, all residents are assessed during the intake screening and upon transfer to the facility for their risks of being sexually abused by other residents or sexually abusive toward other residents. Intake screening shall ordinarily take place within 72 hours of arrival and more often is completed within 24 to 48 hours of arrival due to the small size of the facility. Such assessments shall be conducted using an objective screening instrument.

The intake screening shall consider, at minimum, the following criteria to assess residents for risk of sexual victimization:

1. Whether the resident has a mental, physical or developmental disability;
2. The age of the resident;
3. The physical build of the resident;
4. Whether the resident has previously been incarcerated;
5. Whether the resident's criminal history is exclusively nonviolent;
6. Whether the resident has prior convictions for sex offenses against an adult or child;
7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
8. Whether the resident has previously experienced sexual victimization; and
9. The resident's own perception of vulnerability.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. A resident's risk level is reassessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The residents are not to be disciplined for refusing to answer or for not disclosing complete information in response to questions asked. A sample of risk screening were reviewed and found to be in compliance with the standard.

The agency implements appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard or order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Only limited staff have access to the risk screening form such as medical, mental health, Executive Director, Facility Director as well as the PREA Coordinator. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.242 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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### **corrective actions taken by the facility.**

NCRR Policy H1202 F states the agency shall use information from the risk screening to determine housing, bed, work, education and program assignments with the goal of keeping separate those residents of high risk of being sexually victimized from those at high risk of being sexually abusive. The agency shall make individualized determinations about how to ensure the safety of each resident. In deciding whether to assign a transgender or intersex resident to a room for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The agency and facility are in compliance with this PREA standard.

### **Standard 115.251 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NCRR Policy H809 C states the agency has multiple internal ways for residents to privately report per the PREA standard. The PREA Coordinator created a reporting form directly on the agency website which is available to all of the residents, staff, third parties and the general public. The agency has an agreement with an outside rape crisis center in Charleston called People Against Rape that is available to all residents and the general public via 24 hour help line. Agency staff is well trained on accepting resident reports in multiple formats either verbally, in writing, anonymously or from third parties.

Agency staff accepts reports made verbally, in writing anonymously or from third parties and shall promptly document any verbal reports. The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents by calling posted hotline numbers. This was further verified with residents and random staff interviews. The facility and agency are in compliance with the PREA standard.

### **Standard 115.252 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is not applicable to NCRR based on the following evidence: NCRR Policy H809B states all of the agency's residents are federal inmate transfers from the Federal Bureau of Prisons in accordance with contractual agreements between the two agencies. The Federal Bureau of Prisons maintains ultimate authority over all of the residents at the Charleston facility. Any form of administrative procedure for dealing with resident grievances regarding sexual abuse will be coordinated with the Federal Bureau of Prisons. NCRR does not impose a time limit when a resident may submit a grievance regarding an allegation of sexual abuse to their liaison officer with the

Federal Bureau of Prisons. NCRR does not require a resident to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Auditor spoke with residents in regard to their understanding of administrative remedies and those interviewed understood.

### **Standard 115.253 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 B-4 states the agency maintains an agreement with an independent outside agency rape crisis center named People Against Rape which is located in Charleston, South Carolina. The Auditor tested the resident telephone access for this outside confidential support service during the onsite portion of the audit and interviewed the executive director. The rape crisis center offers victim advocacy services at no cost to the resident or agency. The agency has posters and brochures with the rape crisis center contact information and is available to all residents, staff and public. The resident telephone calls are not monitored. Resident interviews helped to verify this standard. The agency and facility are in compliance with the PREA standard.

### **Standard 115.254 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 C states the agency has a method to receive third party reports of sexual abuse and sexual harassment through its website reporting process and local rape crisis center. The agency shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The agency has posters and brochures throughout the facility that are also available to anyone and explains third-party reporting options and processes. A review of the website and resident interviews helped to verify this standard. The agency and the facility is in compliance with this PREA standard

### **Standard 115.261 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 3.4 A states the agency requires all staff to report sexual abuse and sexual harassment immediately and according to agency policy report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to a incident or retaliation. The policy also states staff are prohibited from revealing any information related to sexual harassment and sexual abuse report. The agency reports all allegations of sexual abuse and sexual harassment including third-party and anonymous reports to the Federal Bureau of Prisons. This was further verified through interviews with Case Managers, Intake staff, Executive Director, Facility Director, PREA Coordinator and random staff. The agency and the facility are in compliance with this PREA standard.

### **Standard 115.262 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 C and procedures along with the Facility Director and random staff interviews during the on-site portion of the audit verified, once the agency staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the resident. Follow-up coordination will occur between the agency and the Federal Bureau of Prisons to further ensure the resident;s safety and security. The agency and facility are in compliance with the PREA standard.

### **Standard 115.263 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 D states the facility director will notify and take action as soon as possible, but no later than seventy-two hours after receiving an allegation a resident was sexually abused while confined at another facility. The agency documents such notification and informs the head of the facility and head of the agency where the alledged abuse occurred. Based on an interviews with the Facility Director and Executive Director there were no allegations reported by another facility that a resident alleged sexual abuse while at NCRR and there were no allegations made by NCRR residents that he or she was sexually abused while at another facility.

within the past twelve (12) month period. The agency will document such notifications to ensure the allegation is investigated in accordance with the PREA standard. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.264 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCCR Policy H809 B states upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abused does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews confirmed the procedure. There were no allegations of sexual abuse or sexual harassment during the past 12 months. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.265 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCCR Policy H809 C and procedure along with staff interviews during the onsite portion of the audit, the Charleston facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, contract agencies, facility leadership and agency executive leadership. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.266 Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 B and procedures along with an interview with the Executive Director, the agency is not bound by any form of collective bargaining in order to remove alleged staff sexual abusers from contact with any residents pending the outcome of a investigation or of a determination of whether and to what extent discipline is warranted. The state of South Carolina is considered a right to work state. The Auditor specifically reviewed personnel actions taken by the agency. No allegations of sexual abuse were made within the past twelve (12) months. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.267 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809 H10 and procedures along with interviews with the facility's Retaliation Monitor, the agency protects all residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Charleston Facility Director serves as the retaliation monitor.

The agency has multiple protection measures, such as transfers the resident victim or abuser, removal of alleged staff or resident abuser from contact with the victim, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Policy requires the monitoring of residents and staff who have reported sexual abuse and sexual harassment or cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of ninety (90) days or longer, if needed. There were no incidents of retaliation in the past twelve (12) months. The Facility Director maintains a log of monitoring activities, if there is retaliation after reporting sexual abuse or sexual harassment. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.271 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13-1 states and the Facility Director confirmed when the agency conducts its own administrative investigations on staff of sexual abuse and sexual harassment, it does so promptly, thoroughly and objectively for all allegations, including third-party and anonymous

reports. Criminal investigations are handled by local law enforcement, North Charleston Police Department and/o representatives from the Federal Bureau of Prisons or other designated federal investigators. The agency has a contract agreement with the Federal Bureau of Prisons and all of the residents are federal inmates.

The agency coordinates with other outside agencies in determining further action and prosecution. The agency does not compel residents to take a polygraph examination or other truth-telling devices as a condition for proceeding with an investigation. Investigations are documented in a written report which contains a thorough description of physical, testimonial and all other documentary evidence. The agency retains all written reports for as long as the alleged abuser is housed at the facility or employed by the agency, plus five (5) years. The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation. The agency and facility are in compliance with this PREA standard.

### **Standard 115.272 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13 A states the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The agency and facility are in compliance with the PREA standard.

### **Standard 115.273 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13 F states following a resident allegation a staff member has committed sexual abuse against a resident, the agency shall subsequently inform the resident (exception being if the allegation is determined to be unfounded) whenever and in coordination with the Federal Bureau of Prisons:

1. The staff member is no longer employed by the agency;
2. The agency learns the staff member has been indicted on a charge related to sexual abuse within the agency; or
3. The agency learns the staff member has been convicted on a charge related to sexual abuse within the agency.

Following a resident's allegation he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the agency; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the agency.

All such notification to the residents or attempted notifications are documented. The agency and facility are in compliance with this PREA standard.

### **Standard 115.276 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 3.4 E states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstance of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff histories.

All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies. There have been no reports or sanctions on staff in the past twelve (12) months. The agency and facility are in compliance with this PREA standard.

### **Standard 115.277 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.3 E-3 and procedures along with an interview with the Executive Director states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The agency takes appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There have been no allegations of Sexual abuse and sexual harassment by contractors or volunteers within the past twelve (12) months. The agency and facility are in compliance with this PREA standard.

### **Standard 115.278 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H1305 3C states residents are subject to disciplinary sanctions in accordance with the Federal Bureau of Prisons disciplinary listings and pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on- resident sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, coordination with the Federal Bureau of Prisons and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

The agency disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and may discipline residents for such activity. There have been no reports or sanctions on residents in the past twelve (12) months. Based on review of agency policy and procedures along with an interview with the Facility Director, the agency and facility are in compliance with PREA standard.

#### **Standard 115.282 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809B-5 resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If no qualified medical or mental health practitioners are available at the time, security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Auditor reviewed agency agreements and spoke with personnel affiliated with the local rape crisis center and emergency forensic examination hospital (MUSC) to confirm compliance. There have been no reports of sexual abuse in the past twelve (12) months. Based on interviews with random staff the agency and facility are in compliance with this PREA standard.

#### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy H809-4 states the agency, in coordination with the Federal Bureau of Prisons, offers medical and mental health evaluations and as appropriate treatment to all residents who have been victimized by sexual abuse. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer, or placement in other facilities or their release from custody. The treatment provides such victims with medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while housed are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim with no financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The agency offers 24 hour unimpeded access of medical and mental health care per written agreements with outside agencies. There have been no reports of sexual abuse in the past twelve (12) months. Based on a review of policies and procedures, outside the agency agreements, along with staff and resident interviews, the agency and facility are in compliance with the PREA standard.

#### **Standard 115.286 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13 D states the facility shall conduct a sexual abuse incident review at the conclusion every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review team consist of PREA Coordinator, Director of Human Resources and the Facility Director. There were no reports within the past twelve (12) months however the facility has the components for the incident review team in place. Based on a review of policy and procedure, the agency and facility are in compliance with this PREA standard.

#### **Standard 115.287 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13 E states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under direct control

using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The agency maintains, reviews and collects data from every facility. Upon request, the agency shall provide all such data from the previous calendar year to the DOJ no later than June 30. There have been no reports in the last twelve (12) months. The agency is aware of the data collection procedure. The agency and facility are in compliance with this PREA standard.

#### **Standard 115.288 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13 E states the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The report shall include a comparison of the current years data and corrective actions with those from prior years and shall provide assessment of the agency’s progress addressing sexual abuse. The agency’s report is approved by the Executive Director of the agency and made readily available to the public through its website. Auditor verified the report is on the agency’s website. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

#### **Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

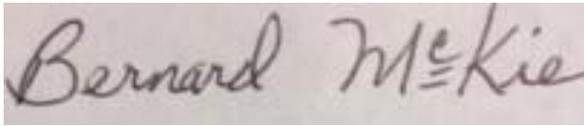
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NCRR Policy 4.13-2 states a review of documents, policy, procedure along with agency PREA compliance manager and coordinator, the agency ensures that data is collected and securely retained. The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. The agency website is [www.alstonwilkessociety.org](http://www.alstonwilkessociety.org). Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least ten (10) years after the date of the initial collection. The agency and facility are in compliance with the PREA standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



September 11, 2017

Auditor Signature

Date